

# Foster Family Home - Corrective Action Report

Provider ID: 1-140024

Home Name: Ana Marie Acorda, CNA

Review ID: 1-140024-5

94-925 Kuhaulua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/12/2019

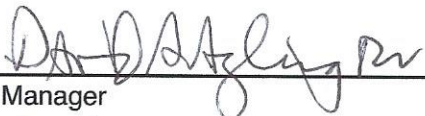
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 6/12/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

6/12/19  
Date

6/12/2019  
Date